MDC Assessment Tool

Assessment Area	Educational conference (tumor board) that does not impact treatment planning. Retrospective review of cases	Elements of the Multi-Disciplinary Care continuum Prospective review of cases For the definition of "prospective" please see the Commission on Cancer program eligibility requirement E3 (page 35) **of the 2012 Cancer Program Standards** Elements present may reflect institutional variability of site-specific disease burden and patient volume			
Level	**1**	**2**	**3**	**4**	**5**
Case Planning	Case planning and treatment is performed by individual physicians without input from a multidisciplinary conference. Patients present to multiple physician offices on different days.	<25% of case planning is done through a multidisciplinary conference which occurs on recurring basis.	25-75% of case planning is done through a multidisciplinary conference which occurs on recurring basis.	>75% of case planning is done through a multidisciplinary conference which occurs on recurring basis.	All case planning is done through a multidisciplinary conference which occurs as the patient encounters care
Physician Engagement	Diagnostic and treatment Physicians belong to multiple independent groups, with little interaction.	Diagnostic and treatment Physicians belong to multiple independent groups, and each group is actively engaged with the cancer center	The cancer center is implementing a Conditions of Participation agreement, and physicians are actively engaged in developing treatment standards	Same as prior with the addition of engagement for strategic direction. Majority of physicians have signed Conditions of Participation.	Same as prior with the addition of physicians who have clinical operational authority for the MDC. All Physicians have signed Conditions of Participation.
Treatment Team Integration	Sporadic integration of diagnostic and treating physicians (<80%)	Consistent integration (=> 80%) of case appropriate diagnostic and treating physicians.	Same as prior; Integration of additional allied health practitioners (e.g., nutrition, PT/OT, palliative care, genetic counselors, mental health practitioner)	Same as prior; all members of MDC team participate in treatment planning by consensus.	Same as prior; Primary Care Physician is consistently notified of treatment plan.

MDC Assessment Tool

Assessment Area	Educational conference (tumor board) that does not impact treatment planning. Retrospective review of cases	Elements of the Multi-Disciplinary Care continuum Prospective review of cases For the definition of "prospective" please see the Commission on Cancer program eligibility requirement E3 (page 35) **of the 2012 Cancer Program Standards** Elements present may reflect institutional variability of site-specific disease burden and patient volume			
Level	**1**	**2**	**3**	**4**	**5**
Integration of Care Coordinators (includes but is not limited to Nurse navigators, Navigators, Survivorship Nurses, Social Workers, and Case Managers)	Patient care is episodic. Patient has to present to multiple locations on different days for treatment and or diagnostic modalities. Information is stored in multiple locations, and difficult to coalesce. No Care Coordinators.	A Care Coordinator is available if needed to arrange treatment and diagnostic modalities to make care less episodic. Information is coordinated and is readily available to physicians and staff.	Same as prior with a Care Coordinator engaging <25% of patients at least once during their treatment.	Same as prior with a Care Coordinator engaging 25-75% of patients at least once during their treatment	Multiple Care Coordinators are utilized for >75% of patients from the point of initial contact through survivorship. A system to track interventions that lessen barriers to efficient care is used by care coordinators
Infrastructure	Limited physical infrastructure. Hospital, physician office model	NA	Some dedicated physical facilities which do not cover the full spectrum of care	NA	Dedicated cancer center with ability to provide the full spectrum of care to patients
Financial	Billing is episodic based on encounter with facility or physician. No facility fee is applied.	NA	Physicians bill separately. Facility fee for MDC. Prospective financial counseling available to patient.	NA	Global bill for MDC billing inclusive of facility fee. Prospective financial counseling available to patient.

MDC Assessment Tool

Assessment Area	Educational conference (tumor board) that does not impact treatment planning. Retrospective review of cases	Elements of the Multi-Disciplinary Care continuum Prospective review of cases For the definition of "prospective" please see the Commission on Cancer program eligibility requirement E3 (page 35) **of the 2012 Cancer Program Standards** Elements present may reflect institutional variability of site-specific disease burden and patient volume			
Level	**1**	**2**	**3**	**4**	**5**
Clinical Trials	Patients not screened for eligibility for clinical trials. Patients not informed about clinical trial options.	NA	All patients screened for trial eligibility and availability; clinical trials staff present at MDC.	NA	Same as prior; Clinical trials staff reviews all eligible charts, engages care coordinators and treating physicians prior to initial treatment.
Quality Improvement	National care guidelines not used to guide treatment	National care guidelines are used as a framework for decision making.	Same as prior with QOPI and/or RQRS data used to guide quality improvement initiatives in the hospital and physician offices	Same as prior with patient survey data (any type) used to guide quality improvement initiatives	Same as prior with a structured compliance review process in place to measure guideline adherence and guide quality improvement initiatives.
Medical Records	Medical records are not integrated. Little to no sharing. Mixture of paper and EMR.	N/A	>50% of cancer physicians have an integrated EMR and/or major IT functions shared with the cancer center	N/A	> 75% of cancer physicians have an integrated EMR and/or major IT functions shared with the cancer center to provide access to information across the care continuum.